



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name

Edwin Johnstone, MD, PA

Respondent Name

Indemnity Insurance Company of North America

MFDR Tracking Number

M4-14-3514-01

Carrier's Austin Representative

Box Number 15

MFDR Date Received

July 29, 2014

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The appointment was scheduled for August 13, 2013. Intake report, DWC73 and the claim were faxed to the adjuster ... on 8/22/13.

In October after not having received a payment for services I asked ... if I had the correct fax number she confirmed I did ... I re faxed the report, claim and DWC73 on 10/15/13. Within that time frame we had moved to a new location on 9/30/13 so I called ... to tell him so he could alert the accounting office, thinking maybe that was the reason we had not been paid, but he was not in and I spoke to his supervisor, and frankly I thought all would be handled. I also sent a W9 to Gallagher Bassett depicting our new address although I did not send it return receipt requested...

This claim was never acknowledged in any way at all."

Amount in Dispute: \$765.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Our supplemental response ...is as follows: the bills in question were escalated and the review has been finalized. Our bill audit company has determined additional monies are owed in the amount of \$15.00 and \$246.07. Interest in the amount of \$0 has been issued as it is our position that correct bills had not been submitted until the MFDR was filed.

...Bill review worked in securing a new bill from the provider after the dispute was filed and this submission from the provider is attached. Based on this submission, the allowance was \$246.07. We understand that the provider position is that they are owed additional monies, but our review and payment is based on the new CPT code that the provider submitted."

Response Submitted by: Gallagher Bassett, 6404 International Pkwy, Ste 2300, Plano, TX 75093

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
August 13, 2013	Psychological Office Visit and DWC-73 (99205, 99354, 99080-73)	\$765.00	\$0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.203 sets out the procedures for billing and reimbursing professional medical bills.
3. 28 Texas Administrative Code §133.20 sets out the procedures for medical bill submission by a health care provider.
4. 28 Texas Administrative Code §129.5 sets out the requirements regarding Work Status Reports.
5. The services in dispute were reduced/denied by the respondent with the following reason codes:
 - 15 – (150) Payer deems the information submitted does not support this level of service
 - R1 – (R12) Services not documented in patients medical records.
 - P12 – Workers’ compensation jurisdictional fee schedule adjustment.
 - 18 – Claim/Service lacks information or has submission/billing error(s) which is needed for adjudication.
 - 193 – Original payment decision is being maintained. Upon review, it is determined that this claim was processed properly.

Issues

1. Is the disputed new patient evaluation and management code 99205 subject to review under 28 Texas Administrative Code §133.307?
2. Is the disputed prolonged service code 99354 payable under 28 Texas Administrative Code §134.203?
3. Is the requestor entitled to additional reimbursement?

Findings

1. 28 Texas Administrative Code §133.307 (c)(2)(F) states that the health care provider’s request for Medical Fee Dispute Resolution shall include “the treatment or service code(s) in dispute.” Review of the submitted documentation finds that the provider submitted a new bill under 28 Texas Administrative Code §133.20 (g) replacing CPT Code 99205 with 90791. Therefore, new patient evaluation and management code 99205 is not subject to review under 28 Texas Administrative Code §133.307, as it is no longer in dispute.
2. 28 Texas Administrative Code §134.203(b)(1) states, in pertinent part, “for coding, billing reporting, and reimbursement of professional medical services, Texas Workers’ Compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided...” Review of the submitted documentation finds that CPT Code 99354 was billed in association with CPT Code 90791 on a new bill associated with this dispute. Medicare CCI Edits state “Procedure code 99354 may not be reported with code 90791 on the same date—a modifier is not allowed.” Therefore, this code is not payable under 28 Texas Administrative Code §134.203.
3. The submitted dispute as defined on the DWC060, involves CPT Codes 99205, 99354, and 99080-73. CPT Code 99205 is not subject to review. CPT Code 99354 is deemed not payable. Total allowable for CPT Code 99080-73 is \$15.00 per 28 Texas Administrative Code §129.5. The insurance paid \$15.00 for this code. Therefore, the requestor is not entitled to additional reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Laurie Garnes
Medical Fee Dispute Resolution Officer

February 10, 2015
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, 37 *Texas Register* 3833, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.